NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 (X4) ID PREFIX TAG (X4) ID PREFIX TAG INITIAL COMMENT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ID ENTIFYING INFORMATION) S 0000 INITIAL COMMENT This report is the result of an unannounced on-site pre-licensure survey conducted on June 4, 2012, at Planned Parenthood of Southeastern Pennsylvania (1144 Locust St). It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health 's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STATE ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STATE ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STATE ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STATE ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STATE ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STATE ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107 STATE ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STATE PREFIX TAG STATE ADDRESS, CITY, STATE PHILADELPHIA, PA 19107 STATE ADDRESS, CITY, STATE PHILADE	(X3) DATE SURVEY COMPLETED:	
PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 X(4) ID		
S 0000 INITIAL COMMENT S 0000 INITIAL Comment is the result of an unannounced on-site pre-licensure survey conducted on June 4, 2012, at Planned Parenthood of Southeastern Pennsylvania (1144 Locust St). It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health 's Rules and Regulations for Ambulatory Care Facilities, Annex ID PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 S 0000 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 S 0000 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE This report is the result of an unannounced on-site pre-licensure survey conducted on June 4, 2012, at Plan Park Park Park Park Park Park Park Park		
PREFIX TAG MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE S 0000 INITIAL COMMENT S 0000 This report is the result of an unannounced on-site pre-licensure survey conducted on June 4, 2012, at Planned Parenthood of Southeastern Pennsylvania (1144 Locust St). It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex		
This report is the result of an unannounced on-site pre-licensure survey conducted on June 4, 2012, at Planned Parenthood of Southeastern Pennsylvania (1144 Locust St). It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex	(X5) COMPLETE DATE	
551-573, November 1999.		
S 033H S 033H S 033H LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:		
ENDORTER DIRECTORS ON TROYIDENSOTTELER REFREDENTATIVES SIGNATURE		

State Form O3H711 IF CONTINUATION SHEET Page 1 of 28

			IDENTIFICATION NUMBER:		IPLE CONSTRUCTION:	COMPLETED:	
		8-5130		B. WING:	<u>w</u>	06/05/2012	
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET SE NUMBER: 00238701	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	T STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033H	Continued from page 1 553.3 (8) Governing Body Fest (8) Establishing person adequately support sound patient care to include This REGULATION is not	ponsibilities include: anel policies and practice e, the following:	es which	S 033H	The effective date for this re is June 19, 2012, and the sur place on June 5, 2012. PPSI Locust has taken the followito ensure compliance: PPSP's Vice President for Organizational Development develop a policy requiring the proper documentation of the background checks be maint personnel files for every emphired after July 1, 2008. PPSDirector of Human Resource conduct an audit every Septembure compliance.	vey took P Surgical ng steps t will nat three tained in ployee SP's es will	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

State Form 03H711 IF CONTINUATION SHEET Page 2 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			` ´	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY	
		8-5130		B. WING:		06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
(X4) ID		OF DEFICIENCIES (FACH DE	FICIENCY	ID	DROVIDERIC DI AN OF CORDE	CTION (FACIL	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC			PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 033H	Continued from page 2			S 033H			
	Based on review of the	Child Protective Se	rvices				
	Law, facility document	ts, personnel files (P	F) and				
	interview with staff (El	MP), it was determine	ned the				
	facility failed to ensure						
	meet the requirements for background checks as						
	required by Act 179 of	2006 and Act 73 of	2007.				
	Findings include:						
	"The Child Protective S	Services Law (CPSI	L), 23				
	Pa.C.S. § 6344.2 and 6	344(b) requires that	t				
	employees hired after J	July 1, 2008, who ha	ve a				
	significant likelihood o	-					
	in the form of care, gui	-	_				
	must obtain three back	•	ndition				
	of employment. Pennsy		DDW/)				
	Clearance, Department Childline Clearance an		*				
	Background Check."	d redetat (rbt) Citi	IIIIIai				
	Dackground Check.						
	A review on June 4, 20	012, of personnel file	es				
	revealed no documenta						
	checks were conducted	I for any of the empl	oyees.				

State Form 03H711 IF CONTINUATION SHEET Page 3 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:					PLE CONSTRUCTION: 00	(X3) DATE SURVE COMPLETED:	EY
		8-5130				06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENS (X4) ID	E NUMBER: 00238701 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG	IDENTII	D BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
S 033H	Continued from page 3			S 033H			
	An interview conducted	d on June 4, at 1:30	PM with				
	EMP1 confirmed that t		surgery				
	on pediatric patients an		1				
	documentation that all were conducted on any		iecks				
	were conducted on any	or the employees.					
S 3240				S 3240			

State Form 03H711 IF CONTINUATION SHEET Page 4 of 28

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5130				06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D.)			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET		CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	COMPLETE DATE
S 3240	Continued from page 4 553.24 Discharge of a Mino An individual who can care shall be discharged only to the custo person standing in loco pare responsible person unless of or guardian or court of compor guardian directs that disc shall so state in writing, and part of the permanent medic. This REGULATION is not	or or incompetent patient not legally consent to him dy of parents, legal guarantis or herwise directed by the petent jurisdiction. If the harge be made otherwise the statement shall become al record.	t. s own rdian, parent e parent e, he	S 3240	The effective date for this regis June 19, 2012, and the surplace on June 5, 2012. PPSF Locust has taken the following to ensure compliance: The following policy was ad the Patient Services Policy & Procedure Manual and to the Abortion Policy Manual (AP June 19, 2012: Minors with a parent's conse be discharged pursuant to the consenting parent's direction minors with a judicial bypass discharged pursuant to the by order's direction. If the bypa provides no direction about to minor's discharge, the minor discharged into the care of the person who accompanied her facility, unless the minor pat not receive sedation and camfacility alone, in which case be discharged independently PPSP's Manager for Center Cresponsible for ongoing com	vey took P Surgical ng steps ded to c PM) on ent will e a, and s will be ypass ass order the will be ne r to the ient did ne to the she may Quality is	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

State Form 03H711 IF CONTINUATION SHEET Page 5 of 28

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 8-5130		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012	
	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	E NUMBER: 00238701			1	r		1
(X4) ID PREFIX TAG	TAG MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 3240	Continued from page 5			S 3240			
					and will test compliance wit annual "Discharge of Minor Patients" audit.		
	Based on review of facility policies and interview						
	with staff (EMP), it wa	-					
	to provide a written po incompetent patient.	an					
	Findings include:						
	A review on June 4, 2012, of facility policies revealed no policy that addressed the discharge of an incompetent person.						
	An interview conducte AM with EMP1 confir	did not					
	have a policy that addrincompetent patient.	ressed the discharge	of an				
S 6126				S 6126			

State Form 03H711 IF CONTINUATION SHEET Page 6 of 28

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130				06/05/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6126	Continued from page 6 561.13 Storage The area in the ASF wiperiodically checked by a repractitioner and proper logs This REGULATION is not	maintained.		S 6126	The effective date for this register June 19, 2012, and the surplace on June 5, 2012. PPSF Locust has taken the following to ensure compliance: Our registered nurses and nurses and nurses the drug inventory signed the drug logs. PPSP's Surgical Locust Center Manaensure ongoing compliance, addition, the following stater was added on June 19, 2012. Patient Services' Policy & President Servic	vey took P Surgical ng steps urse and s ager will In ment to the rocedure Policy	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012	

State Form 03H711 IF CONTINUATION SHEET Page 7 of 28

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 06/05/2012	ΞY
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET E NUMBER: 00238701	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6126	Based on review of factobservation and intervidetermined the facility were checked periodical practitioner. Findings include: A review on June 4, 20 revealed the logs for periodical practitioner. An interview conducte AM with EMP1 confinchecks of stored drugs pharmacist or practitions.	ew with staff (EMP) failed to ensure that ally by a pharmacist of 12, of facility docureriodic checks of sto by a pharmacist or d on June 4, 2012, a med that the log of p was not signed by a	nentation red	S 6126			
S 636A				S 636A			

State Form 03H711 IF CONTINUATION SHEET Page 8 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O				STREET HIA, PA 19	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDE IDENTI	R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A		COMPLETE DATE	
S 636A	Continued from page 8 563.6 (a) Preservation of M 563.6 Preservation of medi (a) The facility shall have tention of records. Medical records or microfilm, shall be kept on file for a medischarge of patient. This REGULATION is not	cal records eve a written policy regate whether original, reproduction which was sometimed to the control of t	ductions	S 636A	The effective date for this re is June 19, 2012, and the sur place on June 5, 2012. PPSI Locust has taken the following to ensure compliance: The Patient Services Policy of Procedure Manual addresses retention of records as following as following to ensure compliance: The Patient Services Policy of Procedure Manual addresses retention of records as following as following the procedure of the services of inactivity and kept for minimum of 7 years, or long required by state law or regulative and will be maintained clinic site if the client has reservices within the past two Client records shall be considuative and will be stored of the client has not received set for more than two years. In a charts should be purged annual archiving. For minors - archived after 2 inactivity and kept until the amajority, plus 7 years, or long required by state law or regulations.	evey took P Surgical ng steps & s the ws: ed after 2 for a ger if ilations. dered d at the ceived years. dered ff-site if ervices active ually for	Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012

State Form 03H711 IF CONTINUATION SHEET Page 9 of 28

	***************************************		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5130		B. WING:		06/05/2012		
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET				
STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE			FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)	
PREFIX TAG	LEFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC			PREFIX TAG	CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE			
S 636A	Continued from page 9 Based on review of face	ility documentation	and	S 636A	This policy was added to the Abortion Policy Manual on J 2012.			
	Based on review of facility documentation and interview with staff (EMP), it was determined the facility failed to have a written policy regarding the retention of medical records.							
	Findings include:							
	A review on June 5, 2012, of facility policies a procedures revealed no evidence of a written pregarding the retention of medical records. An interview conducted on June 5, 2012, at 12 PM, with EMP1 confirmed the facility did not a written policy regarding the retention of med		en policy t 12:45 not have					
	records.	ing the retention of r	incarcar					
S 6400				S 6400				

State Form O3H711 IF CONTINUATION SHEET Page 10 of 28

	NT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ CORRECTION (POC) IDENTIFICATION NUMBER		R:		IPLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		8-5130			00	06/05/2012		
PPSP SURCENTER STATE LICENS	VIDER OR SUPPLIER: GICAL LOCUST STREET E NUMBER: 00238701		STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET HIA, PA 19	107		T	
(X4) ID PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY (AG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6400	Continued from page 10 563.10 Ownership There shall be written policies and procedures which specify who has access to medical records, under what conditions records may be removed from the ASF, and under what conditions medical record information may be released. Medical records are the property of the ASF, and they may not be removed from the premises except for court purposes. Copies may be made available for authorized purposes, such as insurance claims and practitioner review. This REGULATION is not met as evidenced by:		hat and nay be SF, and	S 6400	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance: The Patient Services Policy & Procedure Manual addresses the access, removal and release of patient records and medical record information in great detail, including, "charts shall be secured by lock when unattended by personnel." The policy on medical records security and release was added to the Abortion Policy Manual on June 19, 2012, and is intended to address both planned and emergency situations when the records are not attended by personnel.		Completion Date: 06/19/2012 Status: APPROVED Date: 06/29/2012	

State Form O3H711 IF CONTINUATION SHEET Page 11 of 28

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/05/2012	ΞY
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET E NUMBER: 00238701	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
S 6400	Based on review of fact and interview with staff the facility failed to hat who has access to med conditions records can and under what conditions information may be relevant to the facility failed to hat who has access to med conditions records can and under what conditions information may be relevant for the facility of the facili	of (EMP), it was deterve a written policy to ical records, under where the construction on the construction of policies and ere was no policy restly who has access to inditions records can be and under what construction may be released on June 5, 2012, at med the facility did ress who has access to inditions records can be and the facility did ress who has access to inditions records can be and under what constructions records can be a written and under what constructions are cords can be a written and the facility did ress who has access to inditions records can be a written and under what constructions are cords and under what constructions are cords and under what constructions are cords and under what constructions are cords.	garding a medical be not have a medical be n	S 6400			

State Form O3H711 IF CONTINUATION SHEET Page 12 of 28

PLAN OF CORRECTION (POC) IDENTIFI		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE MILMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6747				S 6747			

State Form O3H711 IF CONTINUATION SHEET Page 13 of 28

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	(I) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130				06/05/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH I			STREET ADDRESS, 1144 LOCUST PHILADELPI FICIENCY	STREET		CTION (EACH	(X5)	
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)		R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE	
S 6747	Continued from page 13 567.43 Ventilation System The ventilation system shall in accordance with the writt ensure that a properly condiminimum filtration, humidit is provided in critical areas recovery suites under Chapter 571 (relating to continue that the con	en maintenance schedul tioned air supply meetin sy and temperature requi such as the surgical and astruction standards).	e to ng rements	S 6747	The effective date for this regis June 19, 2012, and the surplace on June 5, 2012. PPSF Locust has taken the following to ensure compliance: Equipment is maintained profinspected twice a year and Fischanged every 4 to 6 months was created and disseminated documenting HVAC filter changed compliance. Thermometers and hygrometer purchased and installed on June 2012. Log was created and is as of June 21, 2012. The following was added to Abortion Policy Manual on June 2012: The ventilation system shall inspected, maintained, set an monitored in accordance with federal, state and local regular and the written maintenance	vey took P Surgical ng steps operly, ilters are i. A log d for nanges. July 13, on of ters were une 20, is in use the fune 19,	Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012	

State Form O3H711 IF CONTINUATION SHEET Page 14 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		EY
		8-5130		B. WING: _	<u></u>	06/05/2012	
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6747	Continued from page 14			S 6747	schedule to ensure that a proconditioned air supply meetiminimum filtration, humidity temperature requirements is provided in critical areas. Filters will be changed or cleminimum of every six month changes will be documented Heating and Cooling System Maintenance Log. Air tempand humidity will be monito procedure rooms and will be recorded on the log prior to to commencement of each surgabortion procedure. PPSP's Director of Facilities responsible for the ongoing compliance of this regulation	eaned a ans. Filter on the areature red in the cithe dical	

State Form O3H711 IF CONTINUATION SHEET Page 15 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	8-5130					06/05/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET				
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)	
PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF FYING INFORMATION)		PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE	
S 6747	Continued from page 15			S 6747				
	Based on review of fac	ility documents and	interview					
	with staff (EMP), it was		-					
	to ensure the ventilation		eted and					
	maintained in accordan							
	maintenance schedule to conditioned air supply		-					
	conditioned an suppry	in critical areas of th	ic facility.					
	Findings include:							
	A review on June 4, 20	12, of facility docur	nents					
	revealed no policy rega	arding monitoring th	e					
	temperature and humid		rating					
	rooms and post anesthe	esia care unit.						
	Observation on June 4,	2012, of operating	rooms 1					
	and 2 and the recovery	•						
	for monitoring tempera	ture and humidity le	evels.					
	An interview conducted	t 2:00						
	PM with EMP2 confirmed there was no							
	documentation of a pro							
	of the ventilation system	•						
	temperature and humid	ity levels in the ope	rating					

State Form O3H711 IF CONTINUATION SHEET Page 16 of 28

		(XI) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		8-5130		A. BLDG:00		06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS 1144 LOCUST PHILADELP	Γ STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6747	Continued from page 16 rooms and post anesthe	esia care unit.		S 6747			
S 6906	569.13 Testing Fire Warning Systems 569.13 Testing Fire Warning Systems Fire safety systems, including automatic fire extinguishing systems, automatic and manual alarms, stand pipes and hose r shall be of an approved type. They shall be kept in good operating condition and inspected by qualified ASF personnel at least every 3 months. Records of the inspections shall be kept on file for the licensure periods. This REGULATION is not met as evidenced by:			S 6906	The effective date for this re is June 19, 2012, and the sur place on June 5, 2012. PPSI Locust has taken the followito ensure compliance: Fire safety systems/life safet systems are inspected regula qualified Facilities Departmand annually by outside quainspection/service companie was created so quarterly and inspections can be recorded manual system. PPSP's Director of Facilities responsible for the ongoing compliance of this regulation will audit compliance annual	rvey took P Surgical ang steps ty urly by ent staff lified es. A log I annual in a	Completion Date: 06/19/2012 Status: APPROVED Date: 07/16/2012

State Form O3H711 IF CONTINUATION SHEET Page 17 of 28

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 06/05/2012	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LIGENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6906	Based on review of factinterview with staff (Effacility failed to ensure extinguishing systems, were inspected by qual every three months and were kept on file. Findings include: A review on June 4, 20 revealed no procedure inspections of automata automatic and manual least every three months kept on file. An interview conducte PM with EMP1, confirdid not conduct inspections of automate extinguishing systems, every three months or linspections on file.	MP), it was determine that automatic fire automatic and manufified ASF personnel direcords of the inspector of the provision of ic fire extinguishing alarms by qualified pass or records of inspector of automatic fire automatic and manufacture in the provision of automatic fire automatic and manufacture in the provision of automatic fire automatic and manufacture in the provision of automatic fire automatic and manufacture in the provision of automatic and manufacture in the provision of automatic fire automatic and manufacture in the provision of automatic	ments systems, personnel ections t 1:30 rsonnel re ual alarms	S 6906			

State Form O3H711 IF CONTINUATION SHEET Page 18 of 28

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130		B. WING: _		06/05/2012	
PPSP SUR CENTER		T HEALTH T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O		STREET HIA, PA 19	PROVIDER'S PLAN OF CORRE		(X5) COMPLETE
TAG	IDENTIFYING INFORMATION)		K LSC	PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			DATE
S 6907	569.14 Internal Disaster and Fire Plans 569.14 Internal Disaster and Fire Plans The ASF shall have an internal disaster and fire plan incorporating evacuation procedures and the safety of both closed records and the records of those patients being evacuated. These plans shall be made available to personnel and evacuation diagrams shall be posted throughout the ASF. This REGULATION is not met as evidenced by:		be is properties of the proper		The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance: Surgical Locust will revise its existing policies on fire evacuation, bomb threat evacuation and bomb evacuation to include language on the protection of medical records for current and other patients. PPSP's Surgical Locust Center Manager is responsible for ongoing compliance of this regulation, and will audit compliance annually.		Completion Date: 07/13/2012 Status: APPROVED Date: 07/16/2012

State Form O3H711 IF CONTINUATION SHEET Page 19 of 28

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	8-5130					06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
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TAG		FYING INFORMATION)			CROSS-REFERENCED TO THE		DATE
S 6907	Continued from page 19			S 6907			
	Based on review of fac						
	with staff (EMP), it was to ensure the internal d		cility failed				
	incorporated evacuation	-	e safety				
	of both closed medical	•	•				
	those patients being ev	acuated.					
	Findings include:						
	A review on June 4, 20	012, of the facility's i	nternal				
	disaster and fire safety	-					
	documentation the faci	-					
	procedures for the safe	-					
	records and the records of those patients being evacuated.						
	A interview conducted on with EMP1 on June 4, 2012, at 2:15 PM with EMP1 confirmed the facility's internal disaster and fire safety plan did not contain documentation the facility incorporated evacuation procedures for the safety of both closed medical records and the records of those patients		e an did not rated h closed				

State Form O3H711 IF CONTINUATION SHEET Page 20 of 28

· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		8-5130	D. WING.				
PPSP SUR CENTER	STATE LICENSE NUMBER: 00238701			CITY, STATE, Z STREET HIA, PA 19			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH I			FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE
S 6907	Continued from page 20			s 6907			
S 6916	being evacuated. 569.32 Fire Inspection			S 6916	The effective date for this re	gulation	Completion Date:
	569.32 Fire Inspection				The effective date for this regulation is June 19, 2012, and the survey took		07/13/2012
	The ASF shall request an annual inspection by its local fire department. This REGULATION is not met as evidenced by:		its		place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance: A letter to the Philadelphia Fire Department requesting an annual inspection was sent on June 14, 2012. On July 12, 2012 the Fire		Status: APPROVED Date: 07/16/2012
					Department will be able to stheir 2012 visit. A policy fo		
					requesting annual inspection		
					local fire department will be developed.		
					PPSP's Director of Facilities responsible for the ongoing compliance of this regulation requesting our annual inspec	n, and	
I	I				I		I

State Form O3H711 IF CONTINUATION SHEET Page 21 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012	
		8-5130		00/03/2012			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH I			ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
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S 6916	Continued from page 21			S 6916			
	Based on review of fac	eility documentation	and				
	interview with staff (E	•					
	facility failed to reques	st an annual inspection	on by the				
	local fire department.						
	Findings include:						
	A review on June 4, 2012, of facility documentation revealed no procedure for requesting an annual inspection by the local fire department. An interview conducted on June 4, 2012, at 2:30 PM with EMP1 confirmed the facility did not request an annual inspection by the local fire department.						
S 7100				S 7100			

State Form O3H711 IF CONTINUATION SHEET Page 22 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
		8-5130				06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701 (X4) ID PREFIX MUST BE PRECEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)				STREET		OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 22 571.1 CHAPTER 571 - Con 571.1 Minimum Standards ASF construction shall latest edition of the "Guidel: Construction of Hospital and published by the American I Architects/Academy of Arch those guidelines established facilities. In the alternative, construction guidelines for s procedures as listed in apper replacement work is perform new work or additions shall for new construction. This REGULATION is not	be in accordance with tines for Design and d Health Care Facilities, Institute of hitecture for Health inches for various outpatient a facility shall meet the specified types of surgice and in A. Where renovationed within an existing facomply with the require	g" as uding al on or acility, all	S 7100	The effective date for this regis June 19, 2012, and the surplace on June 5, 2012. PPSE Locust has taken the following to ensure compliance: PPSP's architect has conferred representative of the Division Safety Inspection about this regulation at length. PPSP is process of conferring with its architect to discuss possible alterations to the Surgical Lochealth center to satisfy the requirements for these items architect will engage in furth conversations with the Divis Safety Inspection upon the development of an acceptable solution. PPSP Surgical Locintends to seek limited exception the Guidelines as necestfurtherance of a renovation calteration that is agreeable to Division of Safety Inspection.	vey took P Surgical ng steps ed with a n of s in the s feasible ocust PPSP's ter ion of e e sust otions ssary in or othe n.	Completion Date: 07/13/2012 Status: APPROVED Date: 06/29/2012
						ed with a	

State Form O3H711 IF CONTINUATION SHEET Page 23 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		8-5130		A. BLDG:00 B. WING: 06/05/201		06/05/2012	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
		OF DEFICIENCIES (FACIL DE	FIGUENCY	ID.			(7/5)
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 7100	Continued from page 23			S 7100	regulation at length. PPSP S Locust intends to seek excepthe Guidelines requirements minimum operating room size PPSP Surgical Locust is in the process of conferring with its architect to discuss possible for installing cubicle curtains patient privacy, and will have conversations with the Divise Safety Inspection upon further planning related to this item. PPSP's architect has conferred representative of the Division Safety Inspection about this regulation at length. PPSP sean exception to the requirement hands-free scrub sinks be out the procedure room on April 2012, and the Department dedecision on that request by leading dated June 1, 2012. PPSP Sean Locust intends to submit furtinformation to the Department support of its pending exceptions.	of ces. the soptions so for e further ion of er ed with a n of cought ent that tside 30, efferred etter curgical ther nt in	
					request.		

State Form O3H711 IF CONTINUATION SHEET Page 24 of 28

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012			
8-5130					00/05/2012				
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107						
STATE LICENS	E NUMBER: 00238701								
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE		
S 7100	Continued from page 24		s 7100						
	1) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.1-3.4.3.5 Special design elements indicates, "(1) Architectural details (a) The ceiling shall be monolithic" and (b) "The floor shall be smooth, with sealed seams". Observation on June 4, 2012 of Operating Rooms 1 & 2 revealed ceilings that were not monolithic and the floors did not have sealed seams. An interview conducted on June 4, 2012, at 2:15 PM with EMP2 confirmed that the ceilings were not monolithic and the floors did not have sealed seams. 2) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.7-3.3.1.3 Class B Operating Rooms indicates, "Class B operating rooms shall have a minimum clear floor area of 250 square feet (23.23 square		Facilities, es, "(1) e cooth, with Rooms clithic and t 2:15 were not ed seams. Facilities, estes, imum						

State Form O3H711 IF CONTINUATION SHEET Page 25 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:			
8-5130			1	<u>.w</u>	06/05/2012				
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	1144 LOCUST	STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107					
· · · · · · · · · · · · · · · · · · ·				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 7100	meters) with a minimum clear dimension of 15 fet (4.57 meters)." Observation on June 4, 2012, of Operating Room revealed an approximate room size of 140 square feet. The room was not in compliance with the required guidelines of 250 square feet. Observation on June 4, 2012, of Operating Room revealed an approximate room size of 144 square feet. The room was not in compliance with the required guidelines of 250 square feet. Observation on June 4, 2012, of Operating Room revealed an approximate room size of 144 square feet. The room was not in compliance with the required guidelines of 250 square feet. An interview conducted on June 4, 2012, at 2:15 PM with EMP2 confirmed that the size of the two operating rooms was not 250 square feet. 3) The current edition of Guidelines for Design at Construction of Hospital and Health Care Faciliti 3.8-3.4.2.2 indicates "Cubicle curtains or other provisions for privacy during post-operative care		Room 1 square in the Room 2 square in the t 2:15 the two	S 7100					

State Form O3H711 IF CONTINUATION SHEET Page 26 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:		
8-5130			B. WING: _		06/05/2012			
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107					
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
S 7100	Continued from page 26		s 7100					
	shall be provided." Observation on June 4, 2012, of the recovery room revealed nine recliner chairs for post operative care There were no cubicle curtains for privacy between the nine recliner chairs. An interview conducted on June 4, 2012, at 2:30 PM with EMP2 confirmed that the recliner chairs in the recovery room did not have cubicle curtains for privacy.							
4) The current edition of Guidelines for De Construction of Hospital and Health Care F 3.8-3.6.5.1 indicates "Hands-free scrub stat shall be provided outside of but near the en each operating room". Observation on June 4, 2012, of Operating & 2 revealed no hands-free scrub sinks out rooms.			Facilities, tion(s) atrance to					

State Form O3H711 IF CONTINUATION SHEET Page 27 of 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER. 8-5130			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/05/2012		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, CITY, STATE, ZIP CODE: 1144 LOCUST STREET PHILADELPHIA, PA 19107				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 7100	An interview conducted on June 4, 2012, at 2:15 PM with EMP2 confirmed that hands-free scrub sinks were not located outside the operating rooms.		S 7100				

State Form O3H711 IF CONTINUATION SHEET Page 28 of 28



Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 06/05/2012

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Susan Coble

Deputy Secretary for Quality Assurance

Susan Cople



Rachel L. Levine, MD

Secretary of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY